

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# ANNUAL REPORT DOMESTIC Cooperative

Please Type or Print Clearly in Ink

**FILING FEE: \$30** Make check payable to **SECRETARY OF STATE**

1. Corporate ID and Name:

FILE DATE \_\_\_\_\_

RECEIPT NO \_\_\_\_\_

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

FILING DATE: Due during the month  
the Certificate of Incorporation was  
issued, and delinquent after the last  
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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3. The name of the South Dakota Registered Agent \_\_\_\_\_

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	President	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	General Manager	Street Address	City	State	ZIP+4
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Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)